

Building & Development Services

1102 Lohmans Crossing, Lakeway, TX 78734 Phone: (512) 314-7540 Fax: (512) 314-7541

www.lakeway-tx.gov

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

(CHECK ONE & INCLUDE NECESSARY SUPPORTING MATERIAL) NEW COMMERCIAL **ADDITION** INTERIOR FINISH OUT POOL/SPA DECK/FLATWORK **FENCE** LANDSCAPING OTHER: ADDRESS OF PROPERTY: SUITE #: **SQUARE FOOTAGE:** ASBESTOS SURVEY OBTAINED? LEGAL DESCRIPTION (SUBDIVISION, SECTION, LOT NUMBER): ☐ YES  $\square$  No BRIEF DESCRIPTION OF PROPOSED WORK: TDLR PROJECT #: VALUE OF PROPOSED WORK: **PROPERTY OWNER NAME:** TELEPHONE: E-MAIL **MAILING ADDRESS:** CITY: **STATE** ZIP CODE **CONTRACTOR: CONTACT NAME:** TELEPHONE: E-MAIL **MAILING ADDRESS:** CITY: STATE ZIP CODE (FOR CITY USE ONLY) **PERMIT NUMBER:** SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION: I, as owner of the property hereinafter referenced, do hereby execute this document, and acknowledge the above statements to be true and accurate to the best of knowledge. I have received, read and understand the terms and conditions of this **AMOUNT RECEIVED:** request, and agree to compliance with all applicable codes and ordinances of the I understand that my contractor or subcontractor(s) identified below will schedule inspections on my behalf permitting city inspectors to enter my property to conduct the necessary inspections as scheduled. I authorize my duly authorized agent to coordinate with the City and its representatives to enter the property at reasonable times for the purposes of inspecting and monitoring the project according to the adopted codes of the City. This authorized agent is hereby given authority from me to consent to City inspections on my behalf. DATE **OWNER'S SIGNATURE** PRINTED NAME OF OWNER PRINTED NAME OF GENERAL CONTRACTOR, SUBCONTRACTOR, OR OTHER AUTHORIZED AGENTS OF OWNER



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(ADDITIONAL SPACE AS NEEDED FOR AUTHORIZED AGENTS OF THE OWNER)